2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000096635 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name THAI KOON SUSHI ROCK, INC. 08-08-2000 90097 049 ***150.00 Principal Place of Business Mailing Address 2720 STICKNEY POINT ROAD 2720 STICKNEY POINT ROAD SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0879011 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIM, SOMCHAI Street Address (P.O. Box Number is Not Acceptable) 2720 STICKNEY POINT ROAD SARASOTA FL 34231 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Addition Detete LIM. SOMCHAI NAME NAME 2720 STICKNEY POINT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Change ☐ Addition Delete TITLE TITLE LIM, BUNNICK NAME NAME STREET ADDRESS STREET ADDRESS 2720 STICKNEY POINT CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 _ Change noitibbA ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE REQUIRED

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ate Daytime Phone #

☐ Addition

Change



July 25, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re; Thai Koon Sushi Rock, Inc.

EIN: 65-0879011, Document #P98000096635

Dear Sir or Madam:

Our above referenced client has requested that we correspond with you regarding his 2000 Uniform Business Report (UBR). On March 10, 2000 our client mailed his completed 2000 UBR form and mailed check #1618, in the amount of \$150.00. Unfortunately, he did not discover that this check did not clear the bank until he received the reminder notice from your office.

We are therefore requesting that you reconsider the late penalty of \$400.00, since our client did make every attempt to file on a timely basis. We are enclosing the March bank statement showing the break in the check numbers and a check in the amount of \$150.00 for the corporate filing.

Thank you for your kind consideration in this matter. Please notify our client of your decision in this matter as soon as possible.

Very truly yours,

WEBB, LORAH & COMPANY, P.L.

Margie M. Lavîne, E.A.

Enclosure

cc: Thai Koon Sushi Rock, Inc.

NationsBank

NationsBank, N.A. Regional Center P.O. Box 31019 Tampa, FL 33631-8019 9Hach ment DOC HP98000096635

Account Reference Information
Account Number: 0036 5171 2734
Tax ID Number: 65-0878387
E 0 0 C Enclosures 0

Statement Period
03/01/00 through 03/31/00

64 0014108

THAI KOON SUSHI ROCK, INC.

Page 4 of 5

Bysinoss Evengeny Chasisina

Withdrawals and Debits

Checks

Check	Amount	Date Posted	Hanic Rêference	ene Okesko Number	Ä mnimi	Date Bank Posterio
1553 1590 * 1601 1592 1601 1605 1606 1606 1607 1000 1610 1611 1612 1613 1614 1616 1616 1619 1619 1621	125.00 299.83 25.00 125.00 100.00 84.82 76.00 86.47 182.69 65.30 230.77 84.30 46.31 318.00 199.42 72.00 231.15 28.82 100.00 53.46	03/29 03/02 03/02 03/02 03/04 03/06 03/06 03/06 03/13 03/13 03/13 03/13 03/13 03/13 03/13 03/13 03/13	813008940498791 813106140272891 813106140272890 813106140272890 813008940408700 81300894040833177 616008946345216 8131008940790306 813008940790306 813008940749105 813008940749105 813207640714688 81306840430976 813008840120323 818888848891884 813008340235193 813008340235193 813008340235193 813008340235193 813008340235193 813008340235193 813008340235193	1624 1625 1626 1627 1697 1690 1691 1633 1634 1637 1637 1638 1639 1640 1641 1642 1643 1444 1645 1645 1646 1647 1649	158.26 85.31 150.00 141.85 5.98 5.98 5.98 5.92.00 100.00 392.00 100.00 316.90 89.30 281.20 125.00 pb.92 41.94 52.26 56.62 56.62 575.00 129.48 154.71 30.00	03/15 813008340260371 03/15 813008340260371 03/15 813008340260377 03/20 8130083404060372 03/20 81300834040646 85/25 51300834043646 85/25 51300834043062 03/27 813105404292172 03/29 8131054012715 03/27 813000240406065 03/27 813008240406065 03/27 813008240406665 03/27 813008240441568 03/28 813008940096444 03/28 81300894096444 03/28 81300894096444 03/28 81300894096444 03/28 81300894015144 03/28 813008940115144 03/28 81300894015144 03/28 81300894015144 03/28 81300894015144 03/28 81300894036962
1622 1623	300.00 225.33	03/14 03/16	813008940314837 813008940034766	1651	29.17	03/31 813009240790898

^{*} Preveding check (or checks) is outstanding, is included in summary listing, or has been included in a previous statement.

Other Debits

Date Date Date Date Date Date Date Date	Amount	Description communication of the action designation of the contract and the contract of the co	Bank (2000) Continue Reference
03/03	1.57	Novin Services Des settlement; ID = 601101010030448	902300621119767
03/03	CC.00	Eff Dute: 000303:Indn:Thai Goon Sushi Rock No.thern Leasing, Des - lease ,ID - 0116113:6361 Eff Date: 000303:Indn:Thai Coon Sushi Rock	502300631421763